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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

520 EIGHTH AVENUE

City or town, state or country, and ZIP + 4

NEW YORK, NY 10018**F Name and address of principal officer: ALLAN FINKELSTEIN
SAME AS C ABOVE****D Employer identification number****13-5599486****E Telephone number****(212) 786-5141****G Gross receipts \$****20,780,446.****H(a) Is this a group return**

for affiliates?

☐ Yes☒ No**H(b) Are all affiliates included?**☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status** ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website: ▶ WWW.JCCA.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation: 1917 M State of legal domicile: NY****Part I Summary**

| Activities & Governance | | Revenue | | Expenses | | Net Assets or Fund Balances | |
|-------------------------|--|--------------|-------------|----------|--|-----------------------------|--|
| 1 | Briefly describe the organization's mission or most significant activities: JCC ASSOCIATION STRENGTHENS JEWISH LIFE IN NORTH AMERICA THROUGH DIRECT SERVICE TO AFFILIATES | | | | | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 111 | | | | |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 111 | | | | |
| 5 | Total number of employees (Part V, line 2a) | 5 | 56 | | | | |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 | | | | |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. | | | | |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | 10,373,130. | 10,060,908. | | | | |
| 9 | Program service revenue (Part VIII, line 2g) | 3,114,765. | 2,265,042. | | | | |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <929,534.> | 734,219. | | | | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 76,122. | 610,819. | | | | |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,634,483. | 13,670,988. | | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 822,395. | 511,059. | | | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 7,926,279. | 8,435,456. | | | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 651,717. | | | | | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 5,769,422. | 4,272,926. | | | | |
| 18 | Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25) | 14,518,096. | 13,219,441. | | | | |
| 19 | Revenue less expenses Subtract line 18 from line 12 | <1,883,613.> | 451,547. | | | | |
| 20 | Total assets (Part X, line 16) | 19,178,712. | 21,630,448. | | | | |
| 21 | Total liabilities (Part X, line 26) | 8,921,936. | 7,995,684. | | | | |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 10,256,776. | 13,634,764. | | | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

ROBERT D. KIMSAL, CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

**MARKS PANETH & SHRON LLP
622 THIRD AVENUE
NEW YORK, NY 10017**

Date

8/13/10Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ **212 503-8800**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No677
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SCANNED SEP 20 2010

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

JCC ASSOCIATION STRENGTHENS JEWISH LIFE IN NORTH AMERICA THROUGH
DIRECT SERVICE TO AFFILIATE JCC, YM/YMHAS AND CAMPS AND BY PROVIDING
LEADERSHIP AND GUIDANCE TO THE JCC MOVEMENT. IN ADDITION, WE SERVE
JEWISH PERSONNEL IN THE ARMED FORCES THROUGH THE JEWISH WELFARE BOARD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,608,738. including grants of \$ 323,559.) (Revenue \$ 1,978,802.)

PROGRAM ENRICHMENT SERVICES- THIS PROGRAM DEVELOPS SIGNATURE PROGRAMS
FOR MEMBER JCCS AND PROVIDES CONSULTING ON THE PROGRAMMING NEEDS OF THE
JCCS.

4b (Code:) (Expenses \$ 2,779,683. including grants of \$) (Revenue \$)

COMMUNITY CONSULTATION SERVICES - THIS PROGRAM PROVIDES CONSULTING
SERVICES TO JCCS IN THE AREA OF GENERAL MANAGEMENT, FINANCIAL
MANAGEMENT AND GOVERNANCE. IN ADDITION, THE MANDEL CENTER FOR
EXCELLENCE IN LEADERSHIP AND MANAGEMENT HAS BEEN INVOLVED IN DEVELOPING
OPERATIONAL BENCHMARKS FOR JCCS

4c (Code:) (Expenses \$ 2,056,213. including grants of \$ 142,500.) (Revenue \$ 246,761.)

JEWISH EDUCATION SERVICES- THIS PROGRAM DEVELOPS PROGRAMS FOR JCCS TO
OPERATE THAT HAVE SIGNIFICANT JEWISH CONTENT. IN ADDITION, SEMINARS IN
ISRAEL FOR PROFESSIONAL STAFF AND LAY LEADERS OF JCCS ARE PERFORMED
THROUGH THIS PROGRAM.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,533,440. including grants of \$ 45,000.) (Revenue \$ 39,479.)

4e Total program service expenses ► \$ 10,978,074.

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Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|------------|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | N/A | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | | |
| | • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | |
| | • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> | Yes | No |
| | | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|----------|----------|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | X | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | X | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|---|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. | 43 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 0 | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 56 | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions). | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X | |
| 4b | If "Yes," enter the name of the foreign country. ▶ ISRAEL See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year. | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? N/A | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 N/A | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders N/A | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

| | Yes | No |
|--|-----|----|
| 1a Enter the number of voting members of the governing body | 111 | |
| b Enter the number of voting members that are independent | 111 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 Does the organization have members or stockholders? | X | |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | X | |
| b Each committee with authority to act on behalf of the governing body? | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

| | Yes | No |
|---|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 13 Does the organization have a written whistleblower policy? | X | |
| 14 Does the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| b Other officers or key employees of the organization | | X |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☒ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
ROBERT KIMSAL - 212-786-5141
520 8TH AVENUE, NEW YORK, NY 10018

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ALAN SOLOW CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LISA BRILL VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DON BRODSKY VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| CHERYL FISHBEIN VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| GARY JACOBS VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| TOBY RUBIN VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEPHEN SEIDEN VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PAULA SIDMAN VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| VIRGINIA MAAS VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEPHEN REINER VICE-CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ED GOLDBERG TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| STEPHEN DORSKY ASSOCIATE TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| ANDY SHAEVEL ASSOCIATE TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| DORON STEGER ASSOCIATE TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| SHIRLEY SOLOMON SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| MICHAEL SEGAL ASSOCIATE SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| ENID ROSENBERG ASSOCIATE SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Form 990 (2009)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MICHAEL WOLFE ASSOCIATE SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| JAMES BADZIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ARLENE BARRON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEPHEN BAYER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ALVIN BERKUN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ARNOLD BEILIS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RON BELZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HARRIET BLANK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| WARREN BLUMENTHAL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEPHEN BODZIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Total | | | | | | | | 3,029,218. | 0. | 358,538. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **16**

- | | | | |
|---|--|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | Yes | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------------|---------------------|
| ALVIN MARS 10 EDENDALE LANE, DURHAM, NH 03824 | SR. ADVISOR TO PRES. FOR EDU. DEV. | 105,000. |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---------------------------|----------------------|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a 1,627,484. | | | | |
| | b Membership dues | 1b 4,532,714. | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 3,900,710. | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f | | 10060908. | | | |
| Program Service Revenue | 2 a PROG. & SEMINAR FEES | Business Code 900099 | 2,265,042. | 2,265,042. | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 2,265,042. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 219,314. | | | 219,314. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross Rents | (i) Real (ii) Personal | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | 7624363. | | | |
| | b Less: cost or other basis and sales expenses | | 7109458. | | | |
| | c Gain or (loss) | | 514,905. | | | |
| | d Net gain or (loss) | | 514,905. | | | 514,905. |
| | 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a RECOV. WRITEOFF INVEST | 900099 | 500,000. | | | 500,000. | |
| b SERVICE INCOME | 900099 | 110,819. | | | 110,819. | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 610,819. | | | | |
| 12 Total revenue. See instructions. | | 13670988. | 2,265,042. | 0. | 1345038. | |

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Form 990 (2009)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 466,059. | 466,059. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 45,000. | 45,000. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,168,750. | 2,535,739. | 443,369. | 189,642. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,144,856. | 2,683,574. | 240,808. | 220,474. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,133,922. | 841,339. | 233,916. | 58,667. |
| 9 Other employee benefits | 573,357. | 471,031. | 60,393. | 41,933. |
| 10 Payroll taxes | 414,571. | 310,526. | 80,400. | 23,645. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 25,363. | 3,723. | 21,618. | 22. |
| c Accounting | 60,210. | 2,902. | 57,308. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 46,595. | | 46,595. | |
| g Other | 534,302. | 483,307. | 50,900. | 95. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 258,019. | 222,872. | 21,844. | 13,303. |
| 14 Information technology | 71,430. | 62,967. | 8,105. | 358. |
| 15 Royalties | | | | |
| 16 Occupancy | 763,114. | 586,932. | 130,596. | 45,586. |
| 17 Travel | 323,469. | 305,388. | 14,276. | 3,805. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,364,395. | 1,355,044. | | 9,351. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 237,260. | 185,072. | 38,685. | 13,503. |
| 23 Insurance | 76,377. | 58,537. | 13,224. | 4,616. |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a MARKETING | 142,141. | 119,337. | 11,325. | 11,479. |
| b JCC ASSOCIATION CIRCLE | 92,488. | 84,656. | 3,351. | 4,481. |
| c BAD DEBT EXPENSE | 91,226. | 61,000. | 30,226. | |
| d TELEPHONE | 52,676. | 31,763. | 19,895. | 1,018. |
| e POSTAGE AND SHIPPING | 44,730. | 30,527. | 8,282. | 5,921. |
| f All other expenses | 89,131. | 30,779. | 54,534. | 3,818. |
| 25 Total functional expenses. Add lines 1 through 24f | 13,219,441. | 10,978,074. | 1,589,650. | 651,717. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 740,822. | 2 | 918,837. |
| | 3 Pledges and grants receivable, net | 5,245,493. | 3 | 4,804,001. |
| | 4 Accounts receivable, net | 673,547. | 4 | 651,976. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 39,000. | 5 | 97,000. |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 351,111. | 9 | 527,058. |
| | 10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D | 10a 3,049,494. | | |
| | b Less: accumulated depreciation | 10b 978,769. | 2,271,351. | 10c 2,070,725. |
| | 11 Investments - publicly traded securities | 7,249,778. | 11 | 12,271,215. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,607,610. | 12 | 289,636. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 19,178,712. | 16 | 21,630,448. | |
| Liabilities | 17 Accounts payable and accrued expenses | 706,284. | 17 | 601,597. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 213,683. | 19 | 165,672. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 8,001,969. | 25 | 7,228,415. |
| | 26 Total liabilities. Add lines 17 through 25 | 8,921,936. | 26 | 7,995,684. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | <9,043,935.> | 27 | <7,493,765.> |
| | 28 Temporarily restricted net assets | 2,318,746. | 28 | 4,061,201. |
| | 29 Permanently restricted net assets | 16,981,965. | 29 | 17,067,328. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 10,256,776. | 33 | 13,634,764. |
| 34 Total liabilities and net assets/fund balances | 19,178,712. | 34 | 21,630,448. | |

Form 990 (2009)

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No

2a X

2b X

2c X

3a X

3b

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number
13-5599486

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

JEWISH COMMUNITY CENTERS ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2009 NORTH AMERICA

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10875459. | 13782418. | 11132570. | 10373130. | 10060908. | 56224485. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10875459. | 13782418. | 11132570. | 10373130. | 10060908. | 56224485. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 6174173. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 50050312. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 10875459. | 13782418. | 11132570. | 10373130. | 10060908. | 56224485. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 259,671. | 253,569. | 191,271. | 164,805. | 172,719. | 1042035. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | 169,400. | 211,637. | 76,122. | 610,819. | 1067978. |
| 11 Total support. Add lines 7 through 10 | | | | | | 58334498. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 6,958,215. |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 85.80 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 88.89 % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

JEWISH COMMUNITY CENTERS ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2009 NORTH AMERICA

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Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

RENT ABATEMENT

SALE OF TORAH

MISCELLANEOUS

SERVICE INCOME

RECOV. OF WRITTEN OFF INVESTMENT

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer identification number
13-5599486

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 17971563. | 17579464. | | | |
| b Contributions | 571,121. | 392,099. | | | |
| c Net investment earnings, gains, and losses | 2,274,841. | <2936676.> | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,274,841. | 2,936,676. | | | |
| f Administrative expenses | 1,475,356. | | | | |
| g End of year balance | 17067328. | 17971563. | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 100.00 %

c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 336,761. | 206,630. | 130,131. |
| c Leasehold improvements | | 1,657,626. | 256,105. | 1,401,521. |
| d Equipment | | 1,055,107. | 516,034. | 539,073. |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,070,725. |

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
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| | | |
| | | |
| | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► | | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| | | |
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| | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► | | |

Part IX Other Assets. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| | |
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| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ► | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Amount |
|--|------------|
| Federal income taxes | |
| ACCRUED PAYROLL VACATION | 287,084. |
| NET PENSION LIABILITY | 4,946,916. |
| ACCRUED NON-PENSION POSTRETIREMENT BENEFITS | 1,618,204. |
| ACCRUED SUPPLEMENTAL PENSION AND RETIREMENT BENEFITS | 376,211. |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► | |
| | 7,228,415. |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|---|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 13,670,988. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 13,219,441. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 451,547. |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,587,217. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | 1,339,224. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 2,926,441. |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 3,377,988. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 16,550,834. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 1,587,217. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 1,339,224. |
| e | Add lines 2a through 2d | 2e | 2,926,441. |
| 3 | Subtract line 2e from line 1 | 3 | 13,624,393. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 46,595. |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 46,595. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 13,670,988. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 13,172,846. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 13,172,846. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 46,595. |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 46,595. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 13,219,441. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: INCOME FROM THE ORGANIZATION'S ENDOWMENT FUNDS ARE

USED FOR GENERAL AND PROGRAM SUPPORT.

PART X: FIN 48 - EFFECTIVE JANUARY 1, 2009 THE ASSOCIATION

ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 ("FIN 48"),

"ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES - AN INTERPRETATION OF FASB

STATEMENT NO. 109," NOW INCORPORATED IN ASC 740, WHICH PROVIDES STANDARDS

FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX

Part XIV Supplemental Information (continued)

POSITIONS, THE ADOPTION OF FIN 48 DID NOT HAVE AN EFFECT ON THE ASSOCIATION'S FINANCIAL POSITION AS OF JANUARY 1, 2009 OR THE ASSOCIATION'S RESULTS OF OPERATIONS AND CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2009. THE ASSOCIATION IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2006.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION CHANGES OTHER THAN NET PERIODIC PENSION COSTS: 1339224.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION CHANGES OTHER THAN NET PERIODIC PENSION COSTS: 1339224.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer identification number
13-5599486

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| ISRAEL | 1 | 6 | INITIATES, PLANS AND OPERATES A VARIETY OF PROGRAMS. | PRIMARILY STAFF AND BOARD SEMINARS, AS WELL AS TRIPS FOR TEENS, COLLEGE STUDENTS AND | 650,537. |
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| Totals | 1 | 6 | | | 650,537. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Use Schedule F-1 (Form 990) if additional space is needed

[illegible]

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE F, PART I, LINE 2: ALL SUCH GRANTS ARE MONITORED BY REQUIRING SUBMISSION OF PROPOSED BUDGETS WHEN APPLYING FOR GRANTS, AND PROVIDING EVALUATIONS AND ACTUAL EXPENDITURES AT THE COMPLETION OF THE PROGRAM, OR IN THE CASE OF SCHOLARSHIPS PROOF OF ENROLLMENT IN A SPECIFIC DEGREE PROGRAM.

PART I, LINE 3, COLUMN (E):

REGION: ISRAEL

(E) SPECIFIC TYPES OF SERVICES IN REGION: PRIMARILY STAFF AND BOARD SEMINARS, AS WELL AS TRIPS FOR TEENS, COLLEGE STUDENTS AND MEMBERS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA** Employer identification number **13-5599486**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BARSHOP JCC OF SAN ANTONIO 12500 NW MILITARY HWY SUTIE 275 SAN ANTONIO, TX 78231 | 74-1152783 | 501(C)(3) | 15,214. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| JCC OF SAN FRANCISCO 3200 CALIFORNIA STREET SAN FRANCISCO, CA 94118 | 94-3227260 | 501(C)(3) | 28,921. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| JCC OF MID-WESTCHESTER 999 WILMOT ROAD SCARSDALE, NY 10583 | 13-3617061 | 501(C)(3) | 25,872. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| JCC OF MERAGE COUNTY ONE FEDERATION WAY, SUITE 200 IRVING, CA 92603 | 33-0016661 | 501(C)(3) | 32,500. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| JCC OF NEW ORLEANS 5342 ST. CHARLES AVE NEW ORLEANS, LA 70115 | 72-0408937 | 501(C)(3) | 32,500. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| CAMP JCC SHALOM 34342 MULHOLLAND HWY MALIBU, CA 90265 | 84-1652923 | 501(C)(3) | 30,100. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |

2 Enter total number of section 501(c)(3) and government organizations

▶ 17.

3 Enter total number of other organizations

▶ 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

| | |
|----------------|---|
| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information |
|----------------|---|

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT

SCHEDULE I-1

(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA** Employer identification number **13-5599486**

| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MANDEL JCC CLEVELAND 26001 SOUTH WOODLAND ROAD BEACHWOOD, OH 44122 | 34-0714439 | 501(C)(3) | 31,775. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| JCCS OF GREATER BOSTON 333 NAHANTON STREET NEWTON CENTRE, MA 02549 | 04-2317972 | 501(C)(3) | 25,293. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| JCCS OF CHICAGO 30 S. WELLS STREET CHICAGO, IL 60606 | 36-2157758 | 501(C)(3) | 8,800. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| MARCUS JCC ATLANTA 5342 TILLY MILL ROAD DUNWOODY, GA 30338 | 58-0566126 | 501(C)(3) | 7,500. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| CAPITAL CAMPS 11300 ROCKVILLE PIKE SUITE 407 ROCKVILLE, MD 20852 | 52-1515202 | 501(C)(3) | 7,500. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| JCCS OF CHICAGO 5050 CHURCH STREET SKOKIE, IL 60077 | 36-2157758 | 501(C)(3) | 15,000. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| PITTSBURGH JCC 5738 FORBES AVENUE PITTSBURGH, PA 15217 | 25-1094514 | 501(C)(3) | 7,500. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| MILWAUKEE JCC 6255 N SANTA MONICA BLVD. MILWAUKEE, WI 53217 | 39-0806234 | 501(C)(3) | 7,500. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

SCHEDULE I-1

(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer identification number

13-5599486

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NEW JERSEY Y CAMPS 21 PLYMOUTH ST. FAIRFIELD, NJ 70004 | 22-1487266 | 501(C)(3) | 15,000. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| SAMUEL FIELD YM-YWHA 212-00 23RD ST. BAYSIDE, NY 11360 | 11-3071518 | 501(C)(3) | 7,500. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
| SURPRISE LAKE CAMP 307 SEVENTH AVE., SUITE 900 NEW YORK, NY 10001 | 13-1623869 | 501(C)(3) | 7,500. | 0. | | | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: JCC OF SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: JCC OF MID-WESTCHESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: JCC OF MERAGE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: JCC OF NEW ORLEANS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: CAMP JCC SHALOM

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: MANDEL JCC CLEVELAND

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION
DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: JCCS OF GREATER BOSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION
DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: JCCS OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION
DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: MARCUS JCC ATLANTA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION
DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL CAMPS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION
DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: JCCS OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION
DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PITSSBURGH JCC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: MILWAUKEE JCC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: NEW JERSEY Y CAMPS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: SAMUEL FIELD YM-YWHA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: SURPRISE LAKE CAMP

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANTS JCC ASSOCIATION

DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT
PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA**

Employer identification number
13-5599486

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Page 2

13-5599486

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| ALLAN FINKELSTEIN | (i) 437,535. | 0. | 19,821. | 24,500. | 15,509. | 497,365. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ROBERT D. KIMSAL | (i) 169,807. | 0. | 345. | 7,040. | 17,382. | 194,574. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ALAN MANN | (i) 268,952. | 0. | 20,736. | 24,500. | 15,509. | 329,697. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ANN EISEN | (i) 161,019. | 0. | 17,422. | 14,460. | 5,962. | 198,863. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ALAN GOLDBERG | (i) 184,779. | 0. | 717. | 15,153. | 7,582. | 208,231. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ARNIE SOHINKI | (i) 199,303. | 0. | 12,815. | 8,360. | 11,856. | 232,334. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ROBIN BALLIN | (i) 172,677. | 0. | 1,352. | 18,125. | 17,421. | 209,575. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| FANI MAGNUS MONSON | (i) 150,423. | 0. | 2,251. | 15,800. | 6,780. | 175,254. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| STEVEN ROD | (i) 170,775. | 0. | 990. | 17,600. | 6,903. | 196,268. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| AARON SELKOW | (i) 159,464. | 0. | 122. | 2,213. | 17,300. | 179,099. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DAVID E POSNER | (i) 170,672. | 0. | 348. | 7,044. | 17,387. | 195,451. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| JANET S ELAM | (i) 152,804. | 0. | 298. | 6,340. | 15,020. | 174,462. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DAVID ACKERMAN | (i) 167,028. | 0. | 331. | 607. | 7,453. | 175,419. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| MARK HOROWITZ | (i) 145,860. | 0. | 2,342. | 2,040. | 7,316. | 157,558. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule J (Form 990) 2009

JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: THREE PEOPLE ARE ELIGIBLE TO RECEIVE FIRST CLASS TRAVEL.

ONE PERSON IS ELIGIBLE TO RECEIVE COMPANION TRAVEL.

Blank lines for supplemental information.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer Identification number
13-5599486

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| GARY BOMZER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| NANCY I BROWN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ED COHEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARCY COHEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DANA EGERT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JULIE EISEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANDY EISENBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DONALD EPSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ARLENE FICKLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DALE FILHABER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HOWARD FINE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RUTH FLETCHER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ROBIN FREDERICK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MAXINE FREILICH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARVIN GELFAND DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JANE GELLMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| SANDRA GOLD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOYCE GOLDSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LAWRENCE GOTTFRIED DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ROSLYN HAIKIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection.

Name of the Organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer identification number
13-5599486

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| EMILY HOLDSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAVID JACOBS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JANE RUBIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEVEN RUBIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LINDA RUSSIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| NOREEN GORDON SABLITSKY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| VIC SAMUELS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ALAN SATALOFF DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARTIN SATINSKY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JEFFREY SAVIT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PHIL SCHATTEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BRIAN SCHREIBER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| GERALD SCHWARTZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JACK SHAFFER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| CHERYL SHERMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| IAN SHERMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PHIL SHIEKMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PHIL SILVERSTEIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LINDA SIMON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| CAROL BRENNGLASS SPINNER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer Identification number
13-5599486

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JEROME SPITZER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JEANNE TOBIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HOWARD WASSERMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAVID WAX DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ALLAN WEISSGLASS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARY RITA WEISSMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT WERTHEIMER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MIKE WIEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANITA WINESTOCK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ERIC ZACHS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BARRY KANTROWITZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| AMY KAPLAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ED KAPLAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RON KASNER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MORTON KATZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RON KATZ DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ANN KAUFMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| STEPHEN KAUFMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PETER KNOBEL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BRIAN KRIFTCHER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer Identification number
13-5599486

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| IRA KRONENBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| SHERRY KULMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RON LEIBOW DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LAURIE LIEBERMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| GARY LIPMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LAWRENCE MAGID DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| JEROME MAKOWSKY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MORT MANDEL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| BETTY MELAVER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| SCOTT MENAKER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| SID MILLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARVIN PERTZIK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| GERI POLLACK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LESTER POLLACK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| RON PREHOGAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HARAN RASHES DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| PAUL RESNICK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LEN ROBINSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ROSE ROBINSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DANIEL ROSE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE J-2

(Form 990)

 Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

See the Instructions for Form 990.

OMB No. 1545-0047

2009

 Open to Public
Inspection

 Name of the Organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

 Employer identification number
13-5599486
Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LARRY ROSENBERG DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| HOWARD ROSENBLOOM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LOIS ROSENTHAL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| DANIEL RUBIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| ALLAN FINKELSTEIN PRESIDENT | 35.00 | | | X | | | | 457,356. | 0. | 40,009. |
| ROBERT D. KIMSAL CFO | 35.00 | | | X | | | | 170,152. | 0. | 24,422. |
| ALAN MANN VICE PRESIDENT | 35.00 | | | X | | | | 289,688. | 0. | 40,009. |
| ANN EISEN VICE PRESIDENT | 35.00 | | | X | | | | 178,441. | 0. | 20,422. |
| ALAN GOLDBERG VICE PRESIDENT | 35.00 | | | X | | | | 185,496. | 0. | 22,735. |
| ARNIE SOHINKI VICE PRESIDENT | 35.00 | | | X | | | | 212,118. | 0. | 20,216. |
| ROBIN BALLIN VICE PRESIDENT | 35.00 | | | X | | | | 174,029. | 0. | 35,546. |
| FANI MAGNUS MONSON VP OF DEVELOPMENT | 35.00 | | | X | | | | 152,674. | 0. | 22,580. |
| STEVEN ROD VP OF PROFESSIONAL DEVEL | 35.00 | | | X | | | | 171,765. | 0. | 24,503. |
| AARON SELKOW VP, PROG. SERV. & DIR., T | 35.00 | | | X | | | | 159,586. | 0. | 19,513. |
| DAVID E POSNER VP FOR COMMUNITY CONSULT | 35.00 | | | X | | | | 171,020. | 0. | 24,431. |
| JANET S ELAM VP FOR COMMUNITY CONSULT | 35.00 | | | X | | | | 153,102. | 0. | 21,360. |
| DAVID ACKERMAN DIRECTOR, MCJE | 35.00 | | | X | | | | 167,359. | 0. | 8,060. |
| PATRICIA HARTE VP, PROGRAM SERVICES | 35.00 | | | X | | | | 119,526. | 0. | 10,878. |
| MARK HOROWITZ DIR. EARLY CHILDHOOD EDU | 35.00 | | | | | X | | 148,202. | 0. | 9,356. |
| LEAH GARBER DIRECTOR, ISRAEL OFFICE | 35.00 | | | | | X | | 118,704. | 0. | 14,498. |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer identification number
13-5599486

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| ALVIN MARS | | X | 75,000. | 10,000. | | X | | X | X | |
| ARNIE SOHINKI | | X | 60,000. | 12,000. | | X | | X | X | |
| ROBERT D. KIMSAL | | X | 75,000. | 75,000. | | X | | X | X | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | ▶ \$ 97,000. | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the
Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer identification number
13-5599486

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**JCCS, YM/YWHAS, AND CAMPS AND BY PROVIDING LEADERSHIP AND GUIDANCE TO
THE JCC'S MOVEMENT. IN ADDITION, WE SERVE JEWISH PERSONNEL IN THE
ARMED FORCES THROUGH THE JEWISH WELFARE BOARD.**

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**PERSONNEL SERVICES- THIS PROGRAM DEALS WITH ALL MATTERS RELATED TO THE
3,000 PROFESSIONALS WORKING IN JEWISH COMMUNITY CENTERS THROUGHOUT
NORTH AMERICA. THE PROGRAM INCLUDES RECRUITING QUALITY PROFESSIONALS
TO FILL VACANCIES IN JCCS; ENHANCING A JCC'S STAFF RETENTION POTENTIAL;
MONITORING AND LEADING CHANGES IN PERSONNEL PRACTICE; STUDYING AND
PUBLICATION OF TRENDS, INCLUDING SALARIES.**

EXPENSES \$ 1006946. INCLUDING GRANTS OF \$ 37500. REVENUE \$ 39479.

**DIRECT SERVICE TO THE MILITARY - THIS PROGRAM WORKS WITH ALL BRANCHES
OF THE US MILITARY TO ENDORSE JEWISH CHAPLAINS AND PROVIDES SERVICES TO
ACTIVATE DUTY PERSONNEL, THEIR FAMILIES AND THOSE IN VETERANS
HOSPITALS.**

EXPENSES \$ 526494. INCLUDING GRANTS OF \$ 7500. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 2: 1. STEPHEN KAUFMAN AND ANN KAUFMAN
HAVE A FAMILY RELATIONSHIP.**

2. PHIL SCHATTEN AND CHERYL FISHBEIN HAVE A FAMILY RELATIONSHIP.

3. JEANNE TOBIN AND MORTON MANDEL HAVE A BUSINESS RELATIONSHIP.

**4. JEROME SPITZER, PHIL SCHATTEN, AND STEPHEN REINER HAVE A BUSINESS
RELATIONSHIP.**

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICAEmployer identification number
13-5599486

5. LESTER POLLACK AND GERI POLLACK HAVE A FAMILY RELATIONSHIP

6. TOBY RUBIN AND DANIEL RUBIL HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6: JCCS ARE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: AUDIT COMMITTEE REVIEW THE FORM 990
IN DETAIL ON BEHALF OF THE BOARD THEN SENT TO THE BOARD FOR COMMENT. IF
NONE RECEIVED IN 7 DAYS, THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST POLICY IS
CURRENTLY IN PLACE AND MONITORED ANNUALLY. EACH YEAR EVERY MEMBER OF THE
GOVERNING BODY COMPLETES AND SIGNS A CONFLICT OF INTEREST STATEMENT, IN
WHICH THEY DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST TO THE ORGANIZATION.
IF SUCH CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER MAY NOT VOTE ON
MATTERS AS TO WHICH THERE IS A CONFLICT, AND MAY BE REQUIRED TO LEAVE THAT
PORTION OF A MEETING THAT CONSIDERS THE MATTER AS TO WHICH THERE IS A
CONFLICT. CONFLICTS OF INTEREST ARE DULY NOTED IN ALL NECESSARY REPORTING
REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 15A: THERE IS A COMPENSATION COMMITTEE
OF THE BOARD THAT NEGOTIATES WHERE APPROPRIATE OR REQUIRED AND SETS THE
COMPENSATION FOR THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**

Employer identification number
13-5599486

FORM 990, PART XI, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT
HAS NOT BEEN CHANGED FROM PRIOR YEAR.

SCHEDULE L, PART II

LOANS TO AND FROM INTEREST PERSONS:

(A) NAME OF PERSON: ALVIN MARS

(A) PURPOSE OF LOAN: OFFSET OF RELOCATION COSTS

(A) NAME OF PERSON: ARNIE SOHINKI

(A) PURPOSE OF LOAN: OFFSET OF RELOCATION COSTS

(A) NAME OF PERSON: ROBERT D. KIMSAL

(A) PURPOSE OF LOAN: OFFSET OF RELOCATION COSTS

Employer identification number

13-5599486

ization answered "Yes" to Form 990, Part IV, line 33)

| Part II | Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) |
|---------|--|
| | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

[illegible]

part IV
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

JEWISH COMMUNITY CENTERS ASSOCIATION OF

NORTH AMERICA

13-5599486 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of other organization(s) | (b) Transaction type (a-r) | (c) Amount involved |
|-----|--------------------------------------|----------------------------------|------------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|-----------------------------------|---------------|--------|------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1 | BUILDING AND IMPROVEMENTS | | | .000 | 16 | 336,761. | | | 336,761. | 194,438. | | 13,576. |
| 2 | LEASEHOLD IMPROVEMENTS | | | .000 | 16 | 1657626. | | | 1657626. | 173,567. | | 83,494. |
| 3 | FURNITURE, EQUIPMENT, AND VEHICLE | | | .000 | 16 | 1055107. | | | 1055107. | 373,504. | | 140,190. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | 3049494. | | 0. | 3049494. | 741,509. | 0. | 237,260. |

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|---|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA | Employer identification number 13-5599486 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 520 EIGHTH AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10018 | |

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

ROBERT KIMSAL

- The books are in the care of ▶ **520 8TH AVENUE - NEW YORK, NY 10018**

Telephone No. ▶ **212-786-5141**FAX No. ▶ **212 481 4174**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|--|-----------|---------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.